

FEE TRANSMITTAL for FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

Application Number	10/039,062
Filing Date	December 31, 2001
First Named Inventor	William R. Matz
Examiner Name	Sean Reilly
Art Unit	2153
Attorney Docket No.	BS01376

TOTAL AMOUNT OF PAYMENT

\$1,020.00

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other
☐ Deposit Account Deposit Account No. 19-2167

Deposit Account Name:

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17

☐ Charge fee(s) indicated below, except for the filing fee
☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

FILING FEES

Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)
Utility	300	150	500
Design	200	100	100
Plant	200	100	300
Reissue	300	150	500
Provisional	200	100	0

SEARCH FEES

Small Entity Fee (\$)	Fee (\$)
250	200
50	130
150	160
250	600
0	0

EXAMINATION FEES

Small Entity Fee (\$)	Fees Paid (\$)
100	—
65	—
80	—
300	—
0	—

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)
—	—	—

- 20 or HP =

x

Fee Paid (\$)
—

HP=highest number of independent claims paid for, if greater than 3.

Indep. Claims	Extra Claims	Fee (\$)
—	—	—

- 3 or HP =

x

Fee Paid (\$)
—

HP=highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250.00 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Fee (\$)	Fee Paid (\$)
—	—	—	—

- 100 =

/ 50

(round up) x

=

=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 3 Month Extension of Time

Fee Paid (\$)

1,020.00

SUBMITTED BY:

Complete (if applicable)

Name (Print/Type)	Bambi F. Walters	Registration No. (Attorney/Agent)	42,197	Telephone:	(757) 253-5729
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Signature

Bambi F. Walters

Date

August 17, 2005

BEST AVAILABLE COPY

FEE TRANSMITTAL

for FY 2005

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☐ Deposit Account Deposit Account No. 19-2167

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Small Entity Fee (\$)	Fee (\$)
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150	160
250	600
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EXAMINATION FEES

Small Entity Fee (\$)	Fees Paid (\$)
100	—
65	—
80	—
300	—
0	—

2. EXCESS CLAIM FEES
Fee Description

 Each claim over 20 (including Reissues)
 Each independent claim over 3 (including Reissues)
 Multiple dependent claims

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180
Multiple Dependent Claims	
Fee (\$)	Fee Paid (\$)

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
—	—	x	=

HP=highest number of independent claims paid for, if greater than 3.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
—	—	x	=

HP=highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

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Total Sheets	Extra Sheets	Fee (\$)	Fee Paid (\$)
—	—	/ 50	—

4. OTHER FEE(S)

 Non-English Specification, \$130 fee (no small entity discount)
 Other (e.g., late filing surcharge): 3 Month Extension of Time

Fee Paid (\$)

1,020.00

SUBMITTED BY:

Name (Print/Type)	Bambi F. Walters	Registration No. (Attorney/Agent)	43,197	Complete (if applicable)	Telephone:	(757) 253-5729
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Signature

Bambi F. Walters

Date

August 17, 2005

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